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ABSTRACT

This report presents strategies for implementing interdisciplinary personnel preparation programs for Part H of the Individuals with Disabilities Education Act and discusses barriers to meeting the spirit and intent of the personnel preparation components of the law. Three models of personnel preparation were explored, including preservice, inservice, and leadership training. They included the University of Illinois preservice masters and doctoral programs in Early Childhood Special Education; the inservice efforts of the Wisconsin Personnel Development Project and the Wisconsin Family Centered Intervention Project; and the Leadership Training Institute for Faculty Involved in the Preparation of Family Practitioners, in Vermont. Data sources included program documents and telephone interviews with key staff. Issues explored for each model included program development, program implementation, contextual constraints, program results, and future of the program. Analysis of case study findings focuses on unique program features, common characteristics and trends, common contextual constraints, implications for practitioners, further research, and policy recommendations. A copy of the interview guide is provided in an appendix. (Contains 14 references.) (PB)

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Carolina Institute for Child and Family Policy

DISTINCTIVE PERSONNEL PREPARATION MODELS FOR PART H: THREE CASE STUDIES

ROBIN ROONEY
PATRICIA FULLAGAR
JAMES J. GALLAGHER

The University of North Carolina at Chapel Hill

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ROBIN ROONEY
PATRICIA FULLAGAR
JAMES J. GALLAGHER

Carolina Policy Studies Program
NationsBank Plaza, Suite 300
137 E. Franklin Street
Chapel Hill, NC 27514
(919) 962-7374

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Executive Summary

This report reveals strategies for implementing interdisciplinary personnel preparation programs for Part H of IDEA, and presents barriers to meeting the spirit and intent of the personnel preparation components of the law. Three models of personnel preparation were explored: preservice, inservice and leadership training. For each of the three models, a personnel preparation program was selected from a pool of nominations submitted by experts in the field of early intervention for in-depth case study research. The three programs included: the University of Illinois preservice Masters and Doctoral programs in Early Childhood Special Education, the inservice efforts of the Wisconsin Personnel Development Project, and its spin-off, the Wisconsin Family Centered Intervention Project, and the Leadership Training Institute for Faculty Involved in the Preparation of Family Practitioners, being implemented by the collaborative efforts of the Center for Developmental Disabilities at the University of Vermont and Parent-to-Parent of Vermont, a family support network.

The study utilized a qualitative research design. Data sources included program documents and semi-structured telephone interviews with 6-10 key persons in each program. Interviews were guided by a questionnaire/interview protocol designed to tap information as to the program's development, implementation, results, constraints, and future. (See Appendix A). Data were analyzed qualitatively using 3 levels of categorization and comparison. In this approach to data analysis, data were 1) grouped according to the areas of inquiry, 2) subcategorized, and 3) subsumed to reveal trends and patterns within and between programs.

Analysis of case study findings revealed the unique characteristics of each of the programs, the implementation strategies that were utilized by the programs, and shared barriers to implementing the personnel preparation components of Part H of IDEA. Unique program features were found to be reflective of the personnel preparation model being implemented. For example, the preservice program in Illinois was housed on a university campus, but emphasized integration of content and process through an interdisciplinary field experience and concurrent seminar. The inservice programs in Wisconsin were characterized by a widespread outreach effort, utilizing multiple campuses and service delivery sites, since training recipients were dispersed across the state. The format of the leadership program in Vermont was a concentrated, time limited, "train the trainer" event. National experts were brought in to present to groups of faculty during week-long institutes that were offered every year.

Personnel development issues cut across programs. Respondents in all three programs reported that a commitment to family centered, interdisciplinary service delivery facilitated personnel preparation efforts. There were shared concerns about turf issues, university constraints, resources, and certification. Strategies that were revealed for preparing personnel to deliver interdisciplinary services included collaborative planning, flexibility, use of needs assessment and work plans to guide training efforts.

Analysis of case study information yielded recommendations for policies affecting personnel development. It was recommended that:

- representatives of university and state agency systems work together on an interdisciplinary consortium to plan and implement preservice and inservice personnel preparation efforts,
- courses should be "team-taught" to model the level of interdisciplinary collaboration needed in the field of early intervention,
- personnel developers should diversify funding sources to include federal, state and private dollars,
- campuses within university systems should coordinate program requirements and accept each others' coursework,
- certification procedures should be reviewed to determine whether existing procedures inhibit interdisciplinary personnel development.

Introduction

In 1986, Congress enacted Public Law 99-457, amendments to the Education for All Handicapped Act (Public Law 94-142), to promote full services to children with disabilities and to their families. Part H of the law offers states incentives to serve infants and toddlers with disabilities and their families, from birth through age 2 years; Part B mandates services to preschool children with disabilities and their families, aged 3-5 years.

Legislation promoting services for children with special needs continues to evolve. Reauthorized in 1990, P.L. 99-457 is now referred to as the Individuals with Disabilities Education Act (IDEA), with incentives, guidelines, and requirements to continue services to children under Part H and Part B.

It has been 5 years since efforts began to bring Part H of IDEA into being. States are generally moving out of the policy development and policy approval stages and into a stage of policy application. Some states are moving from the fourth to the fifth year of federal funding for Part H. Part H planners are now focusing efforts on the actual delivery of direct services to infants and toddlers with disabilities and their families.

This report focuses on one aspect of the many challenges of Part H implementation: personnel preparation. The Carolina Policy Studies Program, under a cooperative agreement with the federal government to monitor Part H implementation, has targeted personnel preparation as an area of concern for states in the implementation of Part H. States have exhibited markedly slow progress in developing personnel to deliver services to infants and toddlers with disabilities and their families (Harbin, Gallagher, & Lillie, 1991). Among the many reasons for such slow progress are pre-existing personnel shortages (Meisels, Harbin, Modigliani, & Olson, 1986; Yoder, Coleman, & Gallagher, 1990), long lead time for implementing personnel preparation programs (Gallagher, 1989), hesitation on the part of higher education to put new programs into place (Gallagher & Staples, 1990), the limitations of traditional inservice training for increasing the personnel pool (Bailey, Simeonsson, Yoder, & Huntington, 1990), and unstable working relationships between higher education and state agencies (Rooney, Gallagher, Fullagar, Eckland, & Huntington, 1992).

In order to identify useful research directions to aid states in Part H personnel development, the Carolina Policy Studies Program called together a focus group of individuals with expertise in the field of early intervention, and interest in personnel issues (November 1990). The purpose of the focus group was to prioritize research needs specific to personnel issues. Of the many topics discussed during this two day meeting, the problem of implementing interdisciplinary personnel preparation programs was prioritized as a critical factor in meeting the letter and intent of the Part H mandate.

A review of the literature supported the notion that preparing personnel to cross boundaries for coordinated, interdisciplinary service delivery remains one

of the most difficult challenges of Part H implementation. Researchers in early intervention (Bailey, Palsha & Simeonsson, 1991; Bailey, 1989) concur that training programs must move away from categorical, discipline-specific competency/certification driven approaches toward models of collaboration in order to facilitate new service delivery models in early intervention. It has further been concluded that the skills and attitudes required for collaboration must be instilled during personnel preparation (Winton, 1990). Existing programs in early intervention were found by researchers to be limited by established curriculum and lack of emphasis on shared knowledge across disciplines. (McCollum & Bailey, 1991). Despite overlapping expertise among disciplines involved in early intervention, there is little awareness of professional and training differences, leading to turf issues that bar collaboration (Pearl, Brown & Myers, 1990). Turf issues slow the implementation of initiatives that are meant to promote comprehensive services. Indeed, components of the Part H initiative relative to personnel development are among those showing the least amount of progress in state implementation of Part H (Harbin, Gallagher & Lillie, 1991).

A research project was designed by investigators at the Carolina Policy Studies Program to uncover successful strategies in implementing interdisciplinary personnel preparation for Part H. This report is the result of case study research on three models of interdisciplinary personnel preparation: (a) preservice, (b) inservice, and (c) leadership training (also referred to as the "train the trainer" model).

Research Design

The investigators used case study methods to explore characteristics of three programs that early intervention experts identified as "distinctive." Semi-structured telephone interviews (see Appendix A) and document review resulted in collection and qualitative analysis of data. We hypothesized that data would reveal outstanding program characteristics and unique features from which to postulate policy recommendations for Part H personnel preparation programs across the states.

Sample

Case study program selection resulted from a nomination process: Experts in the field of early intervention across the nation were asked to nominate Part H personnel preparation programs that were making a distinctive effort to prepare early intervention personnel to work together across disciplines. Nominators included the advisory boards for the Carolina Policy Studies Program, the Carolina Institute for Research on Infant Personnel Preparation, and the National Early Childhood Technical Assistance System. Nominations were requested through written and telephone communication.

Criteria for selecting the three programs for case study research from the pool of nominations included (a) that the programs had been nominated by more than one advisor; (b) that each program represented a different model of

personnel preparation, to include preservice, inservice, and "train the trainer"; (c) that the programs were well-established, having been in operation for more than one year; and (d) that an interdisciplinary component was featured as part of the programs' personnel preparation efforts for Part H. The following three programs were selected for study:

1. University of Illinois
   Department of Special Education
   Early Childhood Special Education
   Infancy Specialization/Interdisciplinary
   Masters and Doctoral programs

2. Wisconsin Personnel Development Project/
   Wisconsin Family Centered Inservice Project

3. Leadership Training Institute for Faculty
   Involved in the Preparation of
   Family Practitioners (a collaborative effort of the University Affiliated Program of Vermont, Center for Developmental Disabilities and Parent-to-Parent of Vermont)

Data Collection

We conducted telephone interviews with 6-10 key persons in each of the three programs, as identified by the program's director. We developed an interview guide to elicit information on each of five areas of inquiry: (a) program development, (b) program implementation, (c) barriers to implementation, (d) program results, and (e) the program's future. (See Appendix A.) We contacted by letter key persons, as identified by program directors, to request participation in the study. Correspondence included a description of the study and its purpose, plus a copy of the interview guide. Follow-up telephone calls obtained an agreement to participate from 86% of the key persons identified by program directors. We scheduled 30-minute time slots for each telephone interview, but actual telephone interviews typically required 45 minutes to 1 hour. At the time of the interview, we requested documents when appropriate to do so. For example, interviews with program directors revealed the existence of supporting documents recommended by the interviewee as appropriate informational sources for the study. Documents received and analyzed for this study included plans for that state's Comprehensive System of Personnel Development (CSPD), the grant proposal that had won funding for the program, program materials, brochures, and newsletters.

Data Analysis

Researchers analyzed interview and document data qualitatively, using a tiered approach of categorization and comparison to reveal trends and patterns. At the first stage of analysis, we grouped data according to the five areas of inquiry. We identified subcategories of information (qualitative data) in the second level of analysis, revealing program components and trends. For example, within the area of "program development" were subcategories of

information about planning processes, setting priorities, contacting key people, and conducting research.

In the third level of analysis, we subsumed these subcategories under broader topics, as patterns emerged from the data. Again using the example of "program development" data analysis, we subsumed details of information under the broader categories that emerged, to include the state's history of personnel preparation for early childhood special education, the model on which the program was based, philosophies underlying the program's development, and key people involved in planning. Reported findings correspond to these categories of information.

A cross-case analysis revealed program features that were unique to each of the models, as well as outstanding characteristics across cases. Common strategies for program implementation as well as common barriers to implementation were also revealed through this analysis.

Case Study Findings

In this section, data gathered from interviews and documents of the three case study programs are reported as per the areas of inquiry targeted in the study. These areas of inquiry were program development, program implementation, contextual constraints, results, and future of the program. The data are summarized under headings that reflect the categories of information that emerged during qualitative analysis. See Table 1 for a summary of findings: critical factors that influenced personnel preparation in the three case study programs.

The Preservice Model, Illinois

The University of Illinois Infancy Specialization program, part of the Department of Special Education, is a distinctive example of preservice personnel preparation. In this model, some students had earned masters or doctoral level degrees prior to service in personnel roles that require those levels of qualification. All students entered the program with at least a bachelors degree earned in programs across disciplines. Description of the specific program design and implementation follows. Table 2 summarizes the information gathered about this program as per areas of inquiry.

Program Development - Preservice Model

History. Respondents reported a long history of early childhood special education in Illinois, with personnel preparation programs for practitioners in existence since the mid 1970s. The University of Illinois has been involved in preservice personnel preparation for both early childhood education and early childhood special education, and these programs had collaborated informally prior to the present grant activity.

TABLE 1. CRITICAL FACTORS INFLUENCING 3 MODELS OF PART H PERSONNEL PREPARATION

	PRESERVICE	INSERVICE	TRAIN-THE-TRAINER
Program Development	History Purpose/Philosophy Model Key People	History Philosophy Model Key People	History Purpose Philosophy Model Key People Planning
Program Implementation	Format Content Target Audience Linkages	Format Content Target Audience Linkages Info Dissemination Follow-up	Format Content Target Audience Linkages Info Dissemination Follow-up
Contextual Constraints	University Structure Resources Turf Issues Time Certification	Resources Turf Issues Time Certification Local Implementation Diversity Politics Personnel Shortages	University Structure Resources Turf Issues Time Theory to Practice
Program Results	Collaboration Research Expansion	Awareness Parental Involvement Faculty Retooling Materials 5th Year Funding Commitment Certification	Philosophy Infusion Action Plans Positive Feedback
Future of the Program	Research Certification Expansion Change	Regional Training County Needs Assessment Follow-up Conference Materials Technical Assistance	Cross-disciplinary Outreach Requirements for family/centered Care ICC Support

Table 2. Critical factors influencing the preservice model of personnel preparation at the University of Illinois

Program Development	Program Implementation	Contextual Constraints	Program Results	Future Of The Program
History	Format	University structure	Collaboration	Research
Purpose/ Philosophy	Content	Resources	Research	Certification
Model	Target Audience	Turf issues	Expansion	Expansion
Key people	Linkages	Time Certification		Change

Three colleges--Education, Social Work, and Applied Life Sciences--are now involved in the interdisciplinary personnel preparation efforts that are the subject of this study. When program organizers initiated the project, they contacted other department heads to determine whether or not the departments would allow their students to become involved in interdisciplinary training. Faculty leaders in these departments were reportedly agreeable to sharing students, but were able to spare little time or money for the new program.

Federal grant support for early childhood special education began in the mid 1970s. Grant funding for the infant specialization masters program, funded by the Office of Special Education Programs in the mid 1980s, has continued to the present. Although the earlier projects were not focused on the "team" approach (defined for the purposes of this paper as disciplines working together to deliver early intervention services), implementation of the program uncovered the need for such an emphasis in training; thus the interdisciplinary component evolved through implementation of the infant specialization program.

Plans for a doctoral program grew out of the need for a focus on personnel development issues, also discovered through preparing personnel in infant specialization at the masters level. A "leadership" grant was written for this purpose. The focus of the leadership program is on family and multidisciplinary teaming perspectives as integrated through policy, research and training. The Office of Special Education Programs awarded the current leadership grant to the Special Education Department of the University of Illinois for 5 years (through 1996). The majority of the funding goes to student support.

Purpose/Philosophy. Intent of the design of both the infant specialization masters program and of the leadership doctoral program was to influence attitudes toward and encourage family centered practice and crossing disciplinary boundaries. Philosophy statements that speak to families, children,

teaming, and student learning formed the basis of the program standards. (See Appendix B.)

Model. Both the masters and doctoral programs focus on research, study, and practica with emphasis on integrating cross disciplinary teaming and families. The masters program's design follows a model developed by program organizers (Jeanette McCollum, Eva Thorp, and Lynn Rowen) (Thorp & McCollum, 1988). The model presents a process by which three levels of curricula promote the development of professional early intervention team skills. The three content levels, as defined by this model, are: (a) broad discipline specific content, (b) discipline specific infant specialization content, and (c) cross disciplinary content. Students follow the graduate program specific to their own discipline, integrating requirements for the infant specialization by becoming part of the interdisciplinary program that focuses on coursework and practica related to infancy.

Key people. The primary program organizer, Jeanette McCollum, initiated grant writing and research projects at the University of Illinois that support interdisciplinary personnel preparation efforts. McCollum's unique qualifications for this leadership role include her past and present involvement in state policy development, approval and application as head of the standing committee on personnel development for the state Interagency Coordinating Council. She also participates on advisory boards for the Illinois State Board of Education, which is also the lead agency for Part H in this state. Lynn Rowen, Department of Speech and Hearing Science, also has been a key player in the masters program since its inception in the 1980s.

Other key persons are a group of faculty who form a "core committee" involved in program development and implementation. The core program committee recruits and advises students, solicits support from other faculty, and disseminates information. The members of the core committees for various projects within Early Childhood Special Education currently represent special education, early childhood education, speech and hearing, social work, and human development. Duties are shared, but students are directed by certain members of the core faculty. The faculty member from speech & hearing sciences, for instance, supervises students from that discipline in the interdisciplinary practicum.

Program Implementation - Preservice Model

Format. Implementation of the program model results from established cooperative relationships, currently with four colleges at the University of Illinois: Education, Social Work, Applied Life Sciences, and most recently, Agriculture. Students receive their initial training within discipline, including completion of an internship, primarily through one of these four colleges. Students can take classes in other departments, and faculty representing various disciplines, such as social work and mental health, guest lecture during infant specialization and interdisciplinary coursework. Part of the cooperative agreement with speech & hearing science is that clinic hours earned during the interdisciplinary practicum are recognized by other departments.

The interdisciplinary component of the masters program features an applied practicum designed to develop team skills. The practicum setting is an integrated playgroup for children from birth to 3 years of age. Parents Interacting with Infants (PIWI), is planned and implemented using the team approach. Students collaborate with families, and across disciplines such as early childhood special education, social work, and speech and language. A practicum seminar, guided by the program's doctoral students, runs concurrently with the practicum experience. It allows students to share experiences, discuss problems, and brainstorm solutions within a structured problem solving framework.

The doctoral students are key players in the masters program; they assist in teaching masters level courses and supervise practica. As clinical supervisors, they carefully adjust their supervisory style so as to be compatible with the masters students' level of independence.

An informal interdisciplinary seminar for doctoral students and faculty takes place bi-weekly. It is an opportunity for doctoral students and faculty to gather and talk through concerns, particularly as they relate to clinical supervision. About 8-10 doctoral students have participated in the current leadership program.

Content. Coursework for infant specialization targets program competencies. Topics include atypical child development and implications of medical diagnoses, for example. Topics and processes also reflect the philosophy statements that speak to families, children, teaming, and student learning. A competency check list is used to determine each student's level of knowledge and skills on entry to and exit from the program. This provides feedback on mastery level for the student, and feedback for program organizers on effectiveness of personnel preparation.

A course on families is an integral part of the masters program. In this course, families present their experiences and answer student questions. Field experience with a resource family is a requirement of the class. Students select a family with a child who is disabled or developmentally delayed. As part of their practicum experience, students conduct a family interview and do collaborative planning with the parents to design and engage in appropriate activities for both the parents and child. Families provide feedback to students on their performance at the end of this experience.

A course on teaming explores issues associated with crossing disciplinary boundaries to deliver services as a team. During the coursework, students explore team models, definitions, and the makeup of team membership, including the fields of health, allied health, education, and families. During this class, guest lecturers present a variety of perspectives from across disciplines.

Coursework is integrated with the practicum experience in order to complement studies with applicable assignments. For example, course content covering parent-child interaction is carried over into the parent-infant playgroup.

Target audience. Both the masters and the doctoral programs attract students from a variety of backgrounds. Students have come from the disciplines of speech and language, early childhood, nursing, and psychology. Level of experience is also diverse. In the masters program, for instance, some students are fresh from undergraduate programs, others come from the field, with a developed interest in early intervention and families. All students attend the same classes, enriching the experiences of both types of students. For new graduates, it was reportedly helpful when 3-4 students from the same discipline (e.g., early childhood) came into the program as a cohort; students then completed the practicum experience together and could provide mutual support.

Such variety provided an opportunity for students to experience different viewpoints. One student with a background in nursing, for example, gave students a neonatal intensive care unit perspective.

Linkages. A unique feature of this program is a higher education-state agency linkage facilitated by the program director through her leadership of Illinois' personnel development subcommittee of the Interagency Coordinating Council. Doctoral students participate in direct policy activities through this committee and also participate with the state department of education; the program director is also on the state's committee for the Comprehensive System of Personnel Development (CSPD).

The program offers a number of opportunities for students to work in the community. Masters students may receive placement in private, nonprofit programs for children from birth to age 3. The community parks and recreation agency provides a setting for the interdisciplinary parent-infant play group. The masters program also requires that students observe in the neonatal intensive care unit at the local hospital for 2 hours a week during one semester.

Contextual Constraints - Preservice Model

University structure. The logistics of interdepartmental collaboration were said to be cumbersome. The interdisciplinary program supported within-discipline stipends, for example, but had to pay students at the level set by each department. Also, the variability in the grading practices within each college of the university presented confusion for the student. Territoriality was also an issue according to respondents who noted that departments must justify their own existence for continued funding, often on the basis of student numbers. In order for the interdisciplinary program to work, flexibility was said to be key; departments must be able to allow students to do things in different ways. There has been verbal support for these practices, but not much assistance.

Resources. The program was feeling the pinch of declining resources. Despite personnel shortages, there are few state scholarships, and the number of matriculating students is restricted by available resources.

Turf issues. There continue to be professional boundaries among disciplines. Students still question the role of families and hesitate to commit to

their full inclusion in a team approach to services. It will take additional program evolution, according to respondents, to work through these issues.

University departments still train students in a discipline-specific tradition, and this practice perpetuates participant identification with a specific degree from a specific discipline. It seems to be difficult for students to make the transition from the role they have just obtained within discipline, to the role release/role sharing advocated in the interdisciplinary component of their training. In other words, having just obtained new, within discipline knowledge, students find it difficult to hear that they must then "let it go." Such issues are dealt with directly, through formal and informal discussion opportunities, in the interdisciplinary program.

Time. There is too much to do in the time allotted for the program. The program was intended to be 1 year plus 1 summer, for a masters of education. That included the equivalent of 32 semester hours of coursework plus 8 semester hours of practicum. Participants who were interviewed said that the pace was stressful, particularly when coursework overlapped with the practicum experience. With such a tight schedule, there was little time for electives or other potentially beneficial experiences in the community. It was also difficult for the interdisciplinary faculty to find time to meet.

Certification. At present, there are early childhood special education programs, but no early childhood special education certification; students focusing on the preschool level earn early childhood special education "approval" by taking 4 required courses in addition to requirements for an early childhood or special education certificate. There are as yet no requirements for the birth-3 level. Requirements for preschool approval come from the teacher certification board of the Illinois State Board of Education (which is also the lead agency). The list of requirements for the certifications and the approval was described by one study respondent as a "template," with limited flexibility. Specific requirements for certification were said to force programs to be separate, despite verbal support for program integration.

Program Results - Preservice Model

Interview respondents described the results of this program to be "students who are adequately and appropriately trained." Participants in the program, as well as program organizers, reported that students successfully develop sensitivity, insight, and competence, as targeted by philosophy driven standards. Students reportedly learn skills and knowledge, particularly about families and about teaming.

Students see collaboration modeled and are able to practice collaboration skills. Program overlap, such as early childhood and early childhood special education, allow students to work together at the same practicum sites and to function as teams. Students learn team leadership skills, and how teams function; they learn the art of role change and mutual support, how to speak the same language and share information.

The research and policy component of the program has resulted in the publication of articles, and in presentations at the state and national levels. Program organizers have presented their model for three levels of training at national conferences for the American Speech and Hearing Association and the Division for Early Childhood of the Council for Exceptional Children.

The program reportedly has grown, and improved. Students in the program have received exposure to faculty from a variety of disciplines, and to students from a variety of disciplines. Participating students have worked with state agency personnel to develop policy, and have collaborated with parents. Program organizers have received positive feedback from employers of their graduates.

Future of the Program - Preservice Model

Research. Study respondents reported a need for more curriculum development, particularly in relation to the preschool (certification) level. It was recommended that faculty target curricula for early childhood and early childhood special education, with an emphasis on describing "what works."

Certification. There is movement toward the establishment of specialization credentials for the infant/toddler population. An ad hoc committee for the Interagency Coordinating Council was in the process of defining components of infant specialization during the time of data collection for this study.

Expansion. The masters program is moving toward a two-year sequence. The option to extend the program is meant to reduce stress for students with unrelated or lack of field experience. It allows more time for electives and the possibility of a related internship experience.

The program continues to evolve. Expanded coursework opportunities were becoming more available. There are more courses from other departments available that can be applied as electives.

Feedback. A checklist of competencies and student needs provides a guideline for change. During the process of comparing the students' level of competency before and after the program, students are encouraged to voice concerns about the program. The program changes according to trends emerging from this process.

The Inservice Model, Wisconsin

The inservice training efforts of the Wisconsin Personnel Development Project (WPDP), and a spin-off of WPDP, the Wisconsin Family Centered Inservice Project (WFCIP), provided a case study of the inservice model of personnel preparation as it is being implemented in Wisconsin. In this model, training programs were found to be less associated with the traditional university structure, and exhibited more diversity in training format and setting. Training was decentralized in order to achieve state-wide outreach.

Table 3 summarizes the information gathered about this program as per areas of inquiry.

Program Development

History. In Wisconsin, there was a 20 year commitment to early childhood and early childhood special education. From the outset of Part H efforts, there was a prioritization of personnel development for funding. Funding for the WPDP came through state Part H monies in order to meet Part H personnel challenges.

At the outset of personnel development efforts, a 2-day work session/conference brought together all those involved in personnel preparation for early intervention, sponsored by the WPDP. Participants discussed broad areas of needed activity to include inservice training, policy and planning, curriculum development, and regional task groups.

Out of these plans came needs surveys that were conducted in the first year of the project. The surveys revealed inadequate focus on personnel preparation to serve children from birth to age 3 in training institutions across the state. To improve personnel development, state and discipline-wide involvement were targeted across the 14 university system campuses and the 12 colleges in Wisconsin. In the first year of planning there were established six regions throughout the state, in which teams were recruited and orientation programs developed. The WPDP inservice training efforts began as topical workshops specific to the components of Part H, such as IFSPs and Service Coordination; these workshops were conducted throughout the state.

A federal grant allowed for extension and diversifying inservice efforts to support the WFCIP. This project's purpose is to pilot continuing education coursework in family centered care, interdisciplinary teaming, and service coordination on university campuses in the Wisconsin state university system. It is a joint project, developed by the same program organizers who have been involved in personnel preparation efforts for the WPDP.

Model. Plans for and implementation of inservice efforts occurred in accordance with the state Comprehensive System of Personnel Development (CSPD). This plan was developed by the WPDP as part of its contract with the Part H lead agency to develop early intervention personnel for Part H in Wisconsin. The model targeted statewide involvement in personnel development through a structure of four task forces that were housed across the state on four different university system campuses. The WPDP, now in its third year, has evolved from its original structure. The four task forces have evolved into two; one focusing on the state CSPD and inservice training, and the other on preservice. The WFCIP evolved out of a need to develop a continuing education course and related materials in the areas of family centered care, interdisciplinary teaming, and service coordination, as identified during WPDP activity.

Table 3. Critical factors influencing the inservice model of personnel preparation in Wisconsin

Program Development	Program Implementation	Contextual Constraints	Program Results	Future Of The Program
History	Format	Resources	Awareness	Regional training
Philosophy	Content	Turf issues	Parental involvement	County needs assessment
Model	Target audience	Time	Faculty retooling	Follow-up conference
Key people	Linkages	Certification	Materials	Materials
	Info dissemination	Local implementation	5th year funding	Technical assistance
	Follow-up	Diversity	Commitment	
		Politics	Certification	
		Personnel shortages		

Philosophy. The family perspective appears to be highly valued in training efforts in Wisconsin. Parents are considered to be part of the team and have been hired, since the very beginning of WPDP, as staff, presenters and facilitators in inservice workshops. As facilitators, their involvement is in curriculum development, planning and actual training. Parents are on the advisory review panel of publications, with hourly pay for their contributions. Parental involvement is in all phases of the WFCIP. Their role in training includes telling about their own experience with "real children," from the parent perspective. Parents also serve as staff on each of the projects.

Key people. The Part H coordinator, Susan Robbins, is the project officer of the WPDP. The project coordinator, George Jesien, hired to oversee WPDP, has continued to develop proposals for personnel preparation and to monitor needs assessment. The university faculty from the state system, including campuses at Madison, Milwaukee, Eau Claire, and Whitewater, continue in the development and team teaching mode for inservice training. Faculty represent the fields of early childhood special education, early childhood education, speech and language, nursing, social work, and educational psychology.

There is also involvement of the core group of organizers from WPDP in the WFCIP; key faculty from four different early childhood special education programs in the university system joined forces to apply the WPDP's CSPD model to statewide continuing education.

Purpose. The inservice efforts in Wisconsin have been directed toward service providers across the state, offering topical, Part H related workshops. Continuing education efforts additionally involve faculty from various institutions

in training professionals and parents in family centered, interdisciplinary intervention. The WFCIP is an example of this outreach: it is a four campus system of continuing education involving the localities of Milwaukee, Madison, Eau Claire, and Whitewater, Wisconsin. This design helps accomplish the dual purposes of the inservice project: both service providers and preservice university faculty across the state are brought up to date on early intervention practices.

Planning. In general, personnel development efforts were said to be statewide, demonstrating a "participatory orientation" to planning. Inservice organizers hoped that utilizing local talent and expertise would distribute the workload of personnel development. At the advisory board level, committees for both projects have included representatives from professional organizations and parents, in addition to higher education and state agency representatives. Much of the basis for planning has been on the needs assessments and surveys conducted in the first year of the WPDP that guided the development of the CSPD.

The gathering of stakeholders invested in personnel preparation early in the planning stages of the WPDP was reported to be critical to organizing inservice training in Wisconsin. The original conference brought together about 104 representatives from higher education, state agencies, professional organizations and families for comprehensive planning.

For funding, personnel development organizers have accessed state, federal, and private monies. The state Part H monies, through the Department of Health and Social Services (lead agency) and state flow-through funds supported statewide inservice workshops, and contributed to parent groups in regional training. WPDP continues to receive funding from the lead agency's Part H funds, although this support has diminished in the past year. Budget cuts forced the redistribution of Part H money, and personnel preparation funding was reduced. These monies, although limited, facilitated the development of the WFCIP project . WFCIP is operating under a 3 year grant from the federal government.

The WFCIP federal funds pay for tuition for course attendees. The monies are also used to "buy out" faculty. Grant funds pay 25% of their salary for one semester, relieving faculty of some of their university responsibilities, allowing them to develop and pilot courses. Money also goes to stipends for presenters, such as parents. Funding from the Johnson and Johnson Foundation of Racine, Wisconsin, supports large, inclusive planning conferences of higher education faculty at a popular conference facility. Such monies go to meals, housing, and childcare.

Program Implementation - Inservice Model

Format. Workshops have been the main channel of inservice training through WPDP. Called "Catch the Spirit" or "Let's Make it Happen," their format has been 1 and 1/2 days or 1 day long meetings that featured presentations ranging from philosophical topics, such as the efficacy of early intervention, to

practice-related issues of service coordination, interdisciplinary teaming, and individual family service plans. Workshops are interactive, with small, concurrent group activities. The workshops have been offered across the state, and off-campus at intervention sites for easy access for professionals.

Starting with the Catch the Spirit theme, the WPDP series of workshops has continued for 3 years. Inservice efforts are now shifting toward training that is tailored to program needs. The emphasis on statewide involvement has continued, with a shift toward regional training using regional consultants. At the time of data collection, day-long workshops were still being offered, but topics were more service related. Topics included assessment methods, home visiting practices, and strategies for working with children who are medically fragile.

Families are included as presenters and team members in the format of Wisconsin's inservice education. Workshops have been successful opportunities for interaction among and between professionals and families, and parent "mini" projects have been organized to enhance regional training. Parent projects train parents as leaders, facilitators, and service coordinators. Development of "Parents as Leaders," one of the mini projects, for example, was to increase skills and knowledge in the areas of child/family advocacy and legislation. Interview respondents attributed the governor's decision to fund the fifth year of Part H funding in part to the advocacy for early intervention by parents made aware of the political process through these projects.

The courses developed through the WFCIP will be field tested on four campuses. At the time of the interviews, implementation of the course had occurred in Milwaukee and was slated for implementation in Eau Claire and Whitewater. The class format involves lecture, extensive discussion opportunities, and field based project design. Intent of activities were to be more service delivery specific than training had been in earlier personnel development efforts. WFCIP courses have been taught by a team of university faculty to include early childhood special education, speech and language, and educational psychology.

A pilot of an education radio/telecourse served as part of the WFCIP. Its intent was to be an outreach effort for rural Wisconsin personnel. The telecourse is offered at selected sites, usually in the school district or county administrative building, where receivers listen to course material linked through a telephone network. Participants received course credits.

Central to the WFCIP coursework is the development of individual learning plans by each of the program recipients. Modeled after the IFSP, the individual learning plans are created by participants under the guidance of workshop facilitators. Included are goals and training objectives with strategies and options for achieving them. Facilitators are faculty and parents who act as service coordinators, overseeing the design of individual projects. In this way, students assess their own needs and receive individualized attention. A flexible document is developed and plans are designed based on an application specific to the participant's current practice.

Content. There are three content strands for the courses being piloted through the WFCIP: family centered care, interdisciplinary teaming, and interagency collaboration. Content of the Catch the Spirit workshops included Part H specific subjects, such as interdisciplinary teaming. One respondent described the content of the workshop on the team approach: a coursepacket and reader were compiled that described a variety of models for teamwork, and collaborative skills were developed, such as decision making, problem solving, and communication.

Target audience. Catch the Spirit workshops were aimed for, and attracted, professionals from across disciplines, as well as families statewide. Professionals attended individually, rather than in teams.

The WFCIP project targets Wisconsin and its neighboring states. At the time of data collection for this study, there was a significant response to the continuing education course offerings; about twice as many people signed up for the piloted courses as had been anticipated. Course participants attend from across the state, bringing diversity and information to the courses. They are employed practitioners from across disciplines: early childhood special education, speech and language, occupational therapy, social work, nursing, and nutrition. Parents have also attended the WFCIP courses.

Linkages. There is involvement of a wide variety of people in the organization and implementation of inservice education efforts in Wisconsin. Among these are faculty from campuses across the state, professional associations, parents, the WPDP staff, the lead agency, and Developmental Disabilities Council. Linkages continue to increase: there is a growing collaboration, for example, between WPDP and the state Chapter 1 agency.

Information dissemination. Conferences have bridged the gap between disciplines. Cross-disciplinary conferences were originally initiated with state grant money awarded for collaborative activities. The conferences brought together professional organizations representing early childhood, special education, nursing, speech and language, occupational therapy, and physical therapy. Such gatherings have continued, even without grant money.

One of the purposes of the WPDP workshops was to increase awareness of early intervention. This was accomplished through regular "updates" given at the beginning of each workshop on the status of Part H implementation. Workshop leaders reported on WPDP activities, and participants offered views from the field. Information dissemination also takes the form of mass mailings, including publications, newsletters that are sent to invested parties statewide, and widespread course announcements.

Follow-up. A resource network was established to facilitate generalization of workshop training activities. However, although participants had expressed interest in such a network, there was little response to actual follow-up meetings: in the first attempt, only 4 people attended; 5 attended the second meeting. It was concluded that people could not spare the time for such activities. In recent months, as of the interview dates, day-long workshops on

professional practices were set up with post-workshop technical assistance available.

Contextual Constraints - Inservice Model

Resources. There are limited state funds. More of the Part H funding is now going to direct services and less is allocated for personnel development. In general, there was a constant question of how implementation needs, such as transportation, would be met without adequate funding.

Turf issues. One respondent stated that a follow up needs assessment at this time would show inadequate progress in crossing disciplines for early intervention service delivery. Some disciplines, such as special education and speech and language have changed, but there is still "a long way to go." As described by interviewees: "there is so much that is different now than when many professionals were originally trained." New issues, such as family centered care, have generated tension, increasing turf protection. Professionals are used to seeing families as part of the problem, and parents anticipate that professionals will be negative. Thus in some instances boundaries are maintained between disciplines and between professional and parent.

Time. Interview respondents reported that "there never seems to be enough time." In the WFCIP courses, for example, there are only nine sessions, and two of those are set aside for student presentations. More class meetings are needed so that the participants may interact, and act as resources for each other. Receiving the training is demanding for practicing professionals. It was reported that some participants had to travel 300 miles to attend training sessions.

Certification. Personnel development organizers explored the development of a certificate of competence in order to guide training efforts. However, this direction was blocked by several concerns. The certificate of competence met with resistance from professional organizations that did not want an outside licensure agency to set standards and criteria for personnel certification. State agency representatives expressed concern about the expenses associated with monitoring compliance to a new certification procedure. The certificate has evolved into a Certificate of Knowledge.

It reportedly has been difficult to develop personnel standards, particularly since program organizers were attempting to develop certification and standards at the same time that training was being provided. Inservice training was also limited by the credentialing system itself, because credentialing comes from universities, not from inservice training. Some continuing education coursework can be applied toward general certification, according to reports, but there is no credentialing specific to the infant and toddler population.

Implementation at the local level. Study respondents reported that county level providers say they're not ready for Part H implementation. There

were concerns that financial support for implementation was insufficient. Respondents expressed the feeling that some local providers were still not proficient in delivering early intervention services, and that additional training was critical to service delivery. Personnel developers interviewed for this study reported that it was time to move training responsibilities to the local level, in order to decentralize personnel preparation efforts. Local providers expressed unwillingness to take on this responsibility, however, given lack of confidence in readiness for service delivery.

Diversity. Training across multiple disciplines and multiple geographic regions creates variation in personnel preparation. The state has 72 counties, all characteristically autonomous and diverse, with different personnel issues and needs. In some counties one person "does everything," and attending workshops takes away from service delivery. It was said to be extremely difficult to determine the levels of need, and to apply personnel standards. Practitioners who attend inservice training sessions are diverse as well. They represent all the disciplines, including occupational therapy, speech and language, and early childhood education.

Politics. The state commitment to funding Part H was perceived as unstable or questionable by study respondents, although personnel developers have made great strides in accessing legislation and obtaining funding for the fifth year of Part H.

Interagency politics also present a challenge. A variety of agencies and programs are invested in early intervention: the Department of Health and Social Services (the lead agency for Part H), the Department of Public Instruction, programs for infants and toddlers, programs for preschoolers, etc. Personnel preparation issues, such as teacher qualifications, hold significance for multiple agencies. The difficult task of interagency collaboration has been eased somewhat by the Interagency Coordinating Council, which has helped in bridging agency boundaries.

Policies were considered to be unclear to some program implementors. Rules were proposed, but the process for following those rules was often not evident to those who needed to enforce them. This was reported to be confusing and frustrating for training recipients, and for those who must attend to accountability.

Systems barriers limit program implementation. There are differences between the health programs and public school programs. Most health programs are not able to compete with the public schools for personnel, because of lower wages and benefits.

In Wisconsin the university system is not set up for collaboration, according to respondents. Graduate programs in universities and private colleges across the state accept limited credit for coursework across institutions. Special education program requirements differ from campus to campus, and there is little agreement to meet each other's program requirements.

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Personnel shortages. The issue of low wages in childcare fields continues to limit personnel development. Health and Social Services wages are not competitive with education, so it is hard to recruit personnel into the field. With such high attrition rates in early intervention personnel, inservice training alone is ineffective in building an adequate personnel pool.

Results of the Program - Inservice Model

Awareness. Information dissemination successfully raised general awareness of early intervention in the state of Wisconsin, according to study respondents. Family awareness of their rights for services also increased, as evidenced by results of parent training projects through WPDP, results that influenced the governor's commitment to continued Part H funding. From the perspective of the trainer, as noted by one study respondent, personnel preparation for Part H "brought forth the nuances" of family centered early intervention service delivery, which served to increase professional insight into their own commitment to families.

Parental involvement. A far reaching result of the personnel preparation efforts in Wisconsin was parent programs such as Parents as Leaders. Parents were made aware of the political change process, and they pressed for fifth year funding by contacting state legislators and the governor's office.

There is now a statewide network of parents as trainers. Parents are prepared to participate in training as presenters. Inservice training that includes the family perspective is an aspect of personnel preparation that has been appreciated by participants, as indicated by high ratings in workshop evaluations. One parent study respondent noted how much things had changed since her child was a baby; at that time "there were only a handful of parents" involved.

Faculty retooling. Through involvement in the WPDP and WFCIP course planning and offerings, faculty from preservice institutions have updated their own knowledge and expertise in early intervention. The Wisconsin projects regularly included university faculty in efforts to infuse "state-of-the art" practices into current service delivery systems. This new information was said to have "found its way" into preservice coursework in university settings as well.

Materials. Products for dissemination, such as training manuals and references, have come out of the WPDP. WFCIP materials are being piloted in different parts of the state, as required by the grant that supports this project.

Fifth year funding. Respondents said that services for birth to 3 year old was "here to stay." State agencies, parents, and professional organizations worked cooperatively toward the goal of fifth year funding. This success was seen as a "concerted effort." Fifth year funding may be an indirect result of Catch the Spirit workshops and concomitant increased awareness of the need for and efficacy of early intervention.

Funding. The access to additional resources has helped personnel development to continue. With funding, professors can be relieved from some of their university responsibilities, allowing time on projects. Courses can be offered without charge to participants, as federal funds cover the cost of tuition. In part because of this, workshops have had a good turnout and WFCIP courses have been well received.

Commitment. The level of commitment to personnel development has been maintained in Wisconsin. Program organizers have continued with the original projects, and have become involved in new projects. Personnel development leaders have remained current, and have been responsive to changes in practice. Innovative practices have included the use of individual learning plans, which help training recipients "make it happen" for themselves, according to interviewees. Coursework and workshop attendance has remained high.

The "philosophy," also referred to as the "vision," "collaboration," or the "ideal" has apparently continued. Respondents expressed the opinion that they are continuing to move toward a goal, that attitudes seem to be evolving, and that the idea of early intervention continues to grow. Increased awareness is evidenced, for example, by professional organizations and higher education that are now offering early intervention tracks.

Certification. Program organizers were in the process of creating a "Certificate of Knowledge" to guide continuing education efforts. Competencies were being developed for this certification, and a measurement instrument was being devised to determine competency levels for individualized training toward the credential. It is designed to be flexible, in that its requirements can be met through experience and knowledge. As described earlier, however, the credential did not receive the support of professional organizations and state agencies and therefore will not be required for employment.

Future of the Program - Inservice Model

Regional training. The push to provide more training at the local level is an effort to reach rural areas, minorities, and families. Through regional training opportunities, the philosophy and commitment to parents and best practice that have developed in personnel development projects can be decentralized to local providers and to faculty in colleges outside of the main university system campuses.

County needs assessment. WPDP organizers hope to implement self-evaluation at the county level to identify areas for improvement, as a "way of looking at the system."

Follow up conference. Another inclusive planning conference was planned for the coming fall. On the agenda were plans for an interdisciplinary course and a university consortium and the development of mission statements relative to these efforts. Part of the mission of the conference and planning effort is to build upon preservice training and to facilitate cross-departmental cooperation.

Materials. Program organizers hope to publish a resource guide from WFCIP. They are reviewing the manual and will disseminate it next fall. The manual contains three modules that can stand alone, on topics such as service coordination. The manual is designed for faculty, and contains activities useful for both preservice and inservice training.

Technical assistance. As part of targeting input to local providers, there is new emphasis on technical assistance and county program self-assessments resulting in the development of "strategic plans." The self-assessment instrument to be used with county programs has been piloted and will be distributed in early 1993. A range of assistance will be made available for the total community. Training can then be more individualized, and specific to the local needs.

Certification. The Certificate of Knowledge will continue to be developed, hopefully to be used as an indicator of training received. Personnel developers hope to encourage employers to look for it as part of selection criteria, but it probably will not be a "gatekeeper," according to respondents, in part because professional organizations were not willing to accept it as representative of early intervention in general.

From theory to practice. Interview respondents expressed that it was time to move into training that is more specific to service delivery. Inservice offerings will be more interactive and resourceful. Classes were being developed to more specifically target personnel standards. The Waisman Center in Madison, which houses the WPDP, will now be providing direct services in addition to engaging in research. The Center's staff can then act as a training ground, modeling interdisciplinary and interagency collaboration.

The Leadership ("Train the Trainer") Model, Vermont

The Leadership Training Institute for Faculty Involved in the Preparation of Family Practitioners is a collaborative project that involves the Early Childhood Programs Team at the Center for Developmental Disabilities, a University Affiliated Program of the University of Vermont, and Parent-to-Parent of Vermont, a non-profit family support agency. This model of personnel preparation brings together faculty from early intervention preservice programs to develop skills and knowledge to pass on to future practitioners. It is therefore an intensive training effort; in this model, participants attend an institute for one

week of presentations, activities, consultation, and discussion. Table 4 summarizes the information gathered about this program as per areas of inquiry.

Table 4. Critical factors influencing the "train the trainer" model of personnel preparation at the Leadership Training Institute in Vermont

Program Development	Program Implementation	Contextual Constraints	Program Results	Future of the Program
History Purpose Philosophy Model Key people Planning	Format Content Target audience Linkages Info dissemination Follow-up	University structure Resources Turf issues Time Theory to practice	Philosophy infusion Action plans Positive feedback	Cross-disciplinary outreach Requirements for family centered care ICC support

Program Development -Leadership Model

History. The Leadership Training Institute began with a three year Special Projects grant from the Office of Special Education Programs. Training by the institute is offered two times a year. At the time of interviews for this study, the program was in its second year, and had offered the institute three times.

The Institute was an outgrowth of collaboration between Parent-to-Parent of Vermont, a family support agency, and the Early Childhood Team at the Center for Developmental Disabilities, a University Affiliated Program of the University of Vermont. The two organizations had a history of collaboration in family/professional training: the University of Vermont masters program in special education offers a specialization in early intervention, and Parent-to-Parent has provided family practicum settings and supervision. According to study respondents, Parent-to-Parent initiated collaboration with the university and with the state health department for support and for added influence in spreading the notion of family centered care.

Purpose. Program organizers developed the Leadership Institute with a specific goal: to assist faculty from the disciplines of social work, medicine, nursing, speech and language pathology, early childhood, special education, occupational and physical therapy, and psychology to infuse collaborative family centered care into all aspects of their personnel preparation activities. It was clear, according to program organizers, that help was needed in facilitating

parent-professional working relationships during preservice training of human service practitioners.

The Institute was also described as a response to the increased accountability for personnel preparation that accompanies IDEA. Accountability for preparing personnel to work with infants and toddlers with disabilities and with their families (Part H) requires a new look at professional roles and personnel preparation, since professionals are now expected to deliver services collaboratively. The Leadership Training Institute offers faculty an opportunity to explore ways to prepare personnel to fill new roles.

Philosophy. Respondents reported that the program was driven by a philosophy of family centered care. This means that families are the center of the service delivery system. Participants in the Institute are encouraged to rethink the professional approach to families. Participants may consider the idea, for instance, that families are not "victims of services," but rather are participants in services; that professionals need not approach service delivery autocratically; and that professional skills and families can be linked. The program is value-based: valuing families as partners and teachers. The Institute models this approach, because, according to program organizers, "actions speak louder than words."

Model. One of the key components of the Leadership Training Institute is the presentation of a model for family centered practica. This practicum experience was designed and implemented collaboratively by Parent-to-Parent and faculty for University of Vermont masters students in special education focusing on Essential Early Education. Parent-to-Parent had previously utilized the model with medical students from the College of Medicine at the University of Vermont. The practicum experience promotes successful parent/professional working relationships through intensive interactions.

Key people. Program organizers had developed working relationships prior to the beginning of this project through collaborative training efforts. Two to three key people, including the director of Parent-to-Parent (Nancy DiVenere) and a University of Vermont faculty member in the Department of Special Education (Angela Capone) sparked the decision to respond to a request for proposals from the federal Office of Special Education Programs, and subsequently won the three year grant.

Planning. Project directors consulted with principal figures in the fields of early intervention and personnel preparation to develop the Institute. Project consultants, including Mary Beth Bruder, John Neisworth, Mary McGonigel, Pam Winton, William Schwab, Larry Edelman, Betsy Anderson, Phillipa Campbell and Carl Dunst, assisted in the development of Institute content and materials. Three to five consultants were scheduled to attend each Institute.

Program Implementation - Leadership Model

Format. The Leadership Training Institute is a week-long series of presentations and activities designed to provide an opportunity for faculty from

across early intervention related disciplines, to explore the principles of the family-centered approach with colleagues from other personnel preparation programs, with families, and with project faculty and consultants. Project consultants were asked to give topical presentations in respective areas of expertise.

According to one of the consultants interviewed for the study, presenters were allowed to "do what they do best." At first, little structure was given to the consultants as to how information should be presented. More recently, program organizers have asked presenters to take a more practical, less theoretical, approach to content areas. Consultants receive an honorarium for duties that include attending the Institute, giving a three hour topical presentation, working individually or in small groups with participants, and serving on an advisory panel for the project.

Other presenters include parents from the Parent-to-Parent network. Since family-professional partnerships are the main thrust of the training, parents are an integral component of the Institute, participating as facilitators and teachers. Students from the University of Vermont masters program in special education also attend the Institutes and present their experiences in collaborative, family-centered training. Of particular interest is the practicum experience required of each student as part of the family-centered training model. The practicum is a one year commitment to a family that has a young child with disabilities.

The Institute is an opportunity for participants to commit time to curriculum development. A direct, "hands-on" instructional approach has evolved, based on feedback from participants requesting time to work on specific problems with consultants. In addition to working on topical presentations, consultants are matched with participants for practical problem solving opportunities. There has been increasingly more group interaction in the format of the Institute.

Participants develop "action plans" during the week-long Institute. With the help of consultants, participants set their own goals and develop a workplan for achieving them. Action plans and goals range from sharing information and incorporating new ideas into existing coursework, to increasing parent advocacy and adding a new course to their own personnel preparation programs.

Content. Topics covered during the week-long Institute include the philosophy, ideology, principles and definitions of parent/professional relationships. The Institute also teaches faculty how to incorporate parents into personnel preparation activities as co-teachers, co-faculty, and consultative experts on families. The University of Vermont - Parent-to-Parent experience models for faculty how families can be accessed as a resource for preservice personnel preparation. Parents presenting at the Institute describe the reciprocal arrangement: parents help to define training objectives for students, receive services from the students, and then evaluate student performance relative to the training objectives.

Skills and strategies for planning and facilitating courses on family centered care are also introduced in the Institute. Topical presentations have included values clarification, the role of the change agent, team building , team process, and the design and implementation of IFSPs.

An example of a topical presentation is one on "change agent" skills, led by Larry Edelman. In this presentation, participants were exposed to ideas about how to lay the groundwork for change, how to set realistic goals for change, how to utilize mentoring and feedback, and how to look for the "curricular moment" in which to introduce new ideas. Group discussion allowed participants to brainstorm on problem issues, such as organizational strategies for dealing with "unwieldy bureaucracies" without "going crazy," how to juggle multiple duties, and how to cope with stress.

Target audience. The Institute is designed for faculty from across disciplines who are involved in preparing human service practitioners. As required by the grant, first priority is given to faculty from the New England area, although participants have attended from other states. Interested parties from outside the university setting have also attended, including state agency personnel, and practitioners. The groups have consisted of approximately 12-16 people each time.

There was reported to be "quite a mix" in each of the groups attending the Institute thus far. A wide variety of backgrounds, personalities, and disciplines were represented. Despite the broad audience, a common ground was usually found, and interactions increased over the course of the week. As the Institutes have evolved, efforts have increased to facilitate interpersonal communication at the beginning of the week-long Institute.

There is financial support as an incentive for attendance: the grant underwrites accommodations and provides a scholarship of $500.00 to each of 12 participants to defray travel and dinner expenses.

Linkages. The Leadership Institute benefits from the long-standing collaboration of two well-established entities and their associations with other organizations. Parent-to-Parent is linked to a network of 113 families who are "committed, hard-working, and motivated," according to respondents. Parents associated with the agency provide and receive support for other families in meeting the challenges of parenting a child with a disability, and offer training workshops for early intervention personnel.

Parent-to-Parent is also linked with the Part H co-lead agency, the Department of Health. The Department of Health provides funding for Parent-to-Parent through Title V monies.

The Early Childhood Team at the Vermont university affiliated program (Center for Developmental Disabilities) has interdepartmental connections through the University of Vermont. The team is associated with the university Department of Special Education, and communicates with other departments as well, such as the University of Vermont College of Medicine.

Information dissemination. To advertise, the Institute sent brochures to every college, discipline, and department in New England. The Institute has disseminated information about the family centered model at conferences for organizations such as the Division for Early Childhood of the Council for Exceptional Children, and the National Center for Clinical Infant Programs.

A newsletter is published two times a year and sent to past Leadership Training Institute participants. The purpose of the newsletter is to help faculty remain in contact with each other, and to provide support for faculty attempting to infuse family centered care into established curricula.

Follow up. Program organizers informally contact participants to inquire about the success of individual work plan implementation. The newsletter also fosters communication with past participants. Consultants interviewed for this study noted that they are sometimes called by former participants for phone consultation on implementing their action plans and to request on-site consultation at the participant's workplace.

Contextual Constraints - Leadership Model

University structure. The departmentalized nature of the university system was said to be "cumbersome." One respondent described higher education as "too invested in the status quo." Much of the Institute's audience returns to the university setting, and are frustrated in their attempts to apply newly acquired ideas.

Resources. Lack of financial support for new programs was another barrier to effecting change. Without funding, there was little incentive for adding new courses or practica. Respondents also talked about the difficulty of reproducing the Institute message at home without money to bring in national experts to inspire change.

Turf issues. The Institute was an interdisciplinary training program, but disciplinary boundaries were difficult to break down. Attempts to cross those boundaries during the week long Institute were sometimes successful and other times not as successful. Turf issues were reported to be carried over from participants' work settings. It was suggested that strategies for crossing boundaries could be addressed by having states send teams to attend the Institute. Teams could then return to the workplace and facilitate change as a collective, rather than as a solo effort.

Time. The commitment to a week away from work was said to be a problem for most participants. For program organizers, a week wasn't long enough. According to one respondent, each presenter could have filled a week with useful information, but time constraints allowed only 3 hours per presentation.

Theory to practice. Respondents reported that during the initial phases of the Institute, information may have been too theoretical, and somewhat disconnected. These concerns were addressed in later Institutes.

Movement was noted toward integrating the content areas, and toward providing more opportunities for discussion and consultation.

Program Results - Leadership Model

Respondents reported that the Institute was serving its purpose, which was to retool faculty to prepare personnel for collaborative, family centered practice. Faculty were returning to their work settings to improve programs, perhaps to expand programs. Strategies that were said to be useful included the modeling of families as co-faculty and the action plans that were generated. Faculty also received a message of support and encouragement. The message, as described by one respondent, was: "We are undergoing a training and practices shift; it's hard, but we can do it; it's okay to do it."

Feedback from program participants during and after the Institutes indicated that faculty have found the program to be useful. Consultants who were interviewed for this study said that they could see their audience becoming "turned on" to the idea of family centered care. People worked hard on their action plans; some reported that they were able to generate local training events.

Future of the Program - Leadership Model

Visions for the future included cross-disciplinary outreach on the part of the Leadership Training Institute. It was hoped that added requirements for family centered care would be enforced by program accreditation boards. Local Interagency Coordinating Council support for curriculum development and communication was also suggested for effecting change in personnel preparation practices.

Discussion

Unique Program Features

Each of the three models presented unique characteristics specific to the organization and purpose of that model. These characteristics are summarized below.

Preservice Personnel Preparation Model: University of Illinois. The preservice masters program for early intervention professionals allowed students from a variety of disciplines access to infant specialization and interdisciplinary content. A developed model and set of philosophy statements provided a firm base from which interdisciplinary training could be operationalized. The addition of leadership training for doctoral students enhanced the masters program, and provided hands-on learning for future early intervention program faculty in supervising students in interdisciplinary studies and practica. The linkage to state policy, through the program director's involvement in the Interagency Coordinating Council, gave students access to the state political system, specific to Part H, and experience in influencing state policy.

The integration of content and process was a unique feature of this program. Students studied atypical child development, infant-parent interaction, and team service delivery models, while participating in an interdisciplinary practicum. Students from across disciplines collaborated for planning, implementation, and problem solving for actual services for children from birth to 3 years of age.

The interdepartmental component of this program illustrates the inhibiting forces of the university in attempting to cross disciplines for personnel preparation. Although program organizers developed working relationships with other colleges across campus, there continued to be logistical barriers (e.g., grading and stipend levels) that complicated implementation of interdisciplinary personnel preparation practices.

Inservice Personnel Preparation Model: The Wisconsin Personnel Development Project/Wisconsin Family Centered Inservice Project. Wisconsin's inservice training efforts represent an ambitious attempt to offer personnel preparation across a large and diverse state. Program organizers began offering inservice education early in the policy development process; the organizers offered workshops and at the same time, developed personnel standards. The amount and variety of training opportunities, and emphasis on regional offerings reflect the WPDP's original commitment to statewide personnel development.

Unique to Wisconsin is the extensive use of needs assessment from which to set priorities for training. The concept of needs-based training extends to each trainee, as facilitated by the Individual Learning Plan. This method utilizes the IFSP model, allowing the training recipient to maximize learning as facilitated by trainers from across disciplines and/or by a parent facilitator. This process thereby also models crossing disciplinary and parent/professional boundaries.

Because Wisconsin program organizers have been ambitious in their personnel development efforts and have attempted a variety of projects, interviewees were keenly aware of barriers to implementation and program constraints. Respondents also seemed uniquely able to envision the future of inservice education: self-generated personnel development for service delivery implementation by local providers. The emphasis on regional training at the county level and on technical assistance reflected movement away from the centralized training offered by WPDP in the Catch the Spirit workshops series.

"Train the Trainer" Personnel Preparation Model: The Leadership Training Institute of Vermont. In this model, faculty from different disciplines were given the opportunity to interact with each other, as well as with families, about personnel preparation issues. Program format modeled collaboration with families, between disciplines and across agencies. Unique to this program was the successful working relationship between the university and an outside agency.

The program modeled the use of families as co-trainers, an approach developed by Parent-to-Parent for physician training at the University of Vermont College of Medicine. In adapting this model, early intervention is analogous to the "chronic care relationship" that develops between medical personnel and families. The family centered, interagency practicum was uniquely illustrated for Leadership Training Institute participants through family and student presentations.

Since the program was not exclusively university-run, program organizers were able to be flexible in their format and content. This flexibility, along with federal funding, enabled organizers to bring in nationally known presenters to share the latest developments in implementation of early intervention practices and personnel preparation programs.

Common Characteristics and Trends

Issues emerged that were common across models. Trends seemed to reflect the general status of implementation of Part H personnel preparation components. The experiences of these distinctive programs provide program implementation strategies for Part H personnel development in general.

Family focus. Emphasis on the family, and parent participation in training, seemed to act as a catalyst for interdisciplinary teaming, according to information obtained from organizers for each of the three programs. Parents as presenters and planners advocated for comprehensive, integrated services for children with disabilities and for their families. The Wisconsin and Vermont programs hired parents as co-faculty. All three programs featured family centered care, with special practica involving direct services to families.

Family focus, rather than interdisciplinary teaming, dominated patterns and trends across the three case study programs. Possible explanations for this domination include the urgency of the need for family centered practice, and the inherent difficulties in implementing interdisciplinary personnel preparation, such as university structure, inflexible certification requirements, and turf issues.

Family focus could also only seem to be dominant, as noted by some of the respondents, family focus and interdisciplinary teaming are not mutually exclusive notions. The two approaches to early intervention complement each other, allowing growth in one area to promote the other. The prioritization of family focus, for reasons noted above, may in turn be a facilitation of the development of interdisciplinary teaming, because professional-family partnerships model the collaboration desired between professionals on the early intervention team.

Flexibility. Interviewees from each of the three programs (Illinois, Wisconsin, and Vermont) reported incidents of program adaptation to the needs of the training recipients. Respondents from the University of Illinois reported that they are "still learning" and that the program continues to evolve. Wisconsin had undertaken extensive needs assessment activities as part of their CSPD guidelines. Inservice education was planned according to the

results of this needs assessment. The Leadership Training Institute of Vermont based changes in its program on participant evaluations that routinely followed each Institute.

From theory to practice. There was movement away from presenting philosophy and theory, toward more practical training activities. At the University of Illinois there were efforts to integrate content and process, so that preservice coursework and practica were offered within close time proximity, or concurrently. The purpose of this timing was to enable students to apply newly acquired knowledge and skills in a practical setting. Wisconsin had become more directly service oriented, saying it was "time to look at specifics." Vermont's Leadership Training Institute had evolved to a more hands-on, problem solving approach.

Individualization. All three programs demonstrated a trend toward individualized training. The University of Illinois program used a checklist for each student to identify needs, strengths and weaknesses. This was particularly useful since students came into the program with a wide variety of field experience. The checklist was utilized much like a pre and post test, to indicate mastery of competencies. Wisconsin implemented "individual learning plans" for training recipients modeled after the IFSP, and was hoping to apply the model to county needs assessment. Vermont's Leadership Training Institute participants developed "action plans" specific to the their own needs in their own workplace.

Resources. All three programs used grant money to enable participants to attend their programs. The program at the University of Illinois, used the majority of its grant money to support students. Wisconsin used grant money to pay for university faculty and parents to plan and present inservice education. Also, Wisconsin paid parents to attend some conferences; and covered childcare and transportation costs. Vermont's Leadership Training Institute paid honoraria for consultants and expenses for all attendees.

Common Contextual Constraints

This section explores the barriers to implementation experienced across programs. Such barriers often seemed to be inherent in the contextual framework within which personnel preparation activities take place: higher education, state agencies, and service delivery settings.

University structure. It was difficult to promote interdisciplinary personnel preparation in the compartmentalized setting of the university, as reported by respondents. Inter-departmental relationships were not always conducive to integration because of time and resource constraints, as well as subtle turf issues. The University of Illinois program had three colleges (university departments) involved, but problems arose when trying to accommodate varying department-specific procedures, such as differing stipend levels. Wisconsin was able to "buy out" faculty time: the grant paid the participating instructors, allowing them to reduce their university responsibilities (i.e., faculty taught one less class for the university). Program organizers from

the Leadership Training Institute said that they were able to get faculty from the University of Vermont in departments other than Special Education to agree to participate in activities related to the program. They chose not to be part of the grant process, however, reportedly due to prior commitments and over extension.

Certification. The Leadership Training Institute of Vermont targeted a faculty audience, and therefore did not lead to certification for participants. For University of Illinois and Wisconsin (preservice and inservice programs) there was uncertainty surrounding the credentials earned by recipients as a result of program participation. Although the State Board of Education in Illinois had reportedly conveyed a commitment to the philosophy of integrated personnel preparation, the Board continued to require separate coursework and practica for Early Childhood and Early Childhood Special Education and was inflexible on substitutions. Wisconsin had explored the feasibility of enacting a Certificate of Competence as the credential earned by early interventionists as a result of continuing education. Such efforts, however, met with resistance from the related services professional organizations and state agencies. Issues surrounding certification requirements suggested a lack of unity among parties invested in interdisciplinary training.

Reproducibility. Both Wisconsin's WFCIP and Vermont's Leadership Training Institute respondents expressed concern about how to spread program effects statewide and nationwide. The outstanding features that distinguished programs selected for case study (i.e., use of nationally known figures as presenters) were often costly and difficult to reproduce at the local level. In Wisconsin, for example, it was projected that counties would assume the responsibility of continuing education for the professionals in their early intervention programs. Local authorities, however, were described as reluctant to absorb additional duties such as organizing and funding inservice training.

Respondents from the University of Illinois did not address the issue of program reproducibility during telephone interviews. In reviewing documents associated with this program, such as a book chapter describing the model implemented at the University of Illinois (Thorp & McCollum, 1988), it was noted that the model could be applied across states and disciplines to "guide thinking and problem solving in relation to licensure and certification" (p. 160).

Low wages. A larger issue affecting personnel development across the board is the problem of underpaid workers in the field of childcare. Respondents expressed their frustration with trying to address the crisis of personnel shortages given these conditions. As described by respondents from Wisconsin, recruitment and retention of quality personnel is difficult when wages are so inadequate.

Implications

Findings from this study indicate that interdisciplinary personnel preparation is still in its infancy. Tactics for targeting interdisciplinary training

are varied, and definitions of the concept of "team" lack consensus. Parents as part of a training team have entered the picture.

In order to be called "interdisciplinary," programs are including students from a variety of disciplines for training. The team approach is modeled only to a limited degree; two to three disciplines are typically represented in program organization, and they are often from special education and speech and language. The focus on family centered care seemed to override a focus on interdisciplinary team care in these programs, although as one respondent noted, training practices attempt to integrate both family centered and team philosophies. Another study respondent also saw personnel preparation combining approaches to service delivery, commenting that parent empowerment may serve to facilitate interprofessional relationships.

The definitions of "team" varied. According to some of the respondents, a team could be defined as two or more professionals involved in training. The University of Illinois program defined team as a combination of health, education, allied health and families. Parents and professionals made up the team, according to one respondent in Wisconsin.

A summary of definitions for "interdisciplinary personnel preparation," gleaned from the data includes: (a) more than one discipline represented on faculty, but usually just two: special education and speech and language, or special education and early childhood education; (b) students from various disciplines in one class; (c) courses on teaming; (d) a preservice practicum where there are more than one discipline involved, such as special education and social work (it is notable that in one region respondents named nursing as occasionally participating, but rarely occupational or physical therapy; another region noted that occupational or physical therapy usually were included, but not social work); (e) conferences that bring trainers together across disciplines.

It was also clear that multiple disciplines were involved in planning across disciplines more often than in implementing training across disciplines. For inservice training recipients, if local providers saw themselves as a team, they came to inservice workshops as a team. If the definition of "team" was not specified by the local providing agencies, practitioners tended to participate in training individually.

Further Research

A number of issues should be revisited to reach further understanding. They include organizational resistance to change, the role of families in personnel preparation activities, and the issue of certification as it relates to training.

Resistance to change as a barrier to program implementation calls for further investigation. Such resistance may be built into the organizational structure of the university. One respondent described the university setting as too "invested in the status quo," so that policies and procedures remain the same despite pressure to offer innovative programs. Interdisciplinary personnel

preparation will require new ways of thinking if disciplinary boundaries are to be crossed. Strategies for changing organizations may be discovered in programs that have successfully offered such programs. University Affiliated Programs (UAPs), for example, were the setting for two of the models in this study - the Waisman Center in Wisconsin, and the Center for Developmental Disabilities in Vermont. As stated by one respondent, activities out of UAPs provide a model for change because they have an existing infrastructure that is more flexible than the traditional university setting. UAPs were described as interdisciplinary by nature, since the programs bring faculty together from across disciplines on various projects. Through association with the university, innovations such as interdisciplinary coursework are given credibility, and new ideas are promoted.

Resistance to change at the local level may also require further investigation to discover strategies for implementing interdisciplinary service delivery. It may be that local providers are also invested in the status quo. In recent research about resistance to change, Gersick (1991), identified three barriers that may impede program implementation. First, a lack of motivation to change presents a barrier, due to costs already invested in a program, and loss of control on the part of the program participants. Second, cognition may be a barrier to change, because limited awareness impedes ability to conceptualize alternatives to current practices. Third, obligation limits ability to change when individuals and actions are bound by others' expectations. Further investigation of these theories may shed light on resistance to change observed in the contexts associated with personnel preparation and service delivery.

The notion of families as a training resource merits further exploration, because this may be a way to expand the personnel pool, particularly in light of the crisis of personnel shortages. The Vermont institute and the Wisconsin parent projects provide a model for preparing parents to serve as leaders and staff developers. Consistent with an ecological perspective, this inclusion views parents as participants, or as described by one respondent as "the thirteenth discipline at the table."

The issue of certification may also merit further research to determine the most effective way of tying training into a state's credentialing process. At present, there seem to be extensive inservice training efforts and continuing education offerings that do not necessarily lead to certification. In order to gain skills and knowledge for treating infants and toddlers with disabilities and their families, practitioners often must go beyond state training requirements in order to practice effectively.

Policy Recommendations

Analysis of case study information yielded the following recommendations for policies affecting personnel development:

1. University systems and state agency personnel preparation systems should increase communication and planning in order to integrate preservice and inservice training. This could be addressed, for

example, on the agenda of a higher education consortium that would include state agency representation.

2. Interdisciplinary continuing education courses should be team taught to model collaboration and to expose training recipients to cross-disciplinary perspectives.

3. Sources for funding should be diversified, so that programs are not totally dependent on one source of funding, such as state or federal grants, for their continued existence.

4. University systems should cooperate in program development, so that programs are consistent, and so that course credit earned on one campus will satisfy program requirements on other campuses in the same system.

5. Certification procedures should be reviewed for requirements that are excessively restrictive, with little flexibility for course substitution that would allow classes to be taken across disciplines. Interdisciplinary training should be accepted, or required, for certification. Decisions for certification requirements should be a joint planning effort of higher education and state agencies.

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Appendix A

Questionnaire/Interview Guide
Distinctive Training Programs
Carolina Policy Studies Program

Program description

What are the outstanding characteristics of your program?

What are the program's unique features?

How does this program meet the intent and letter of the law--Part H of IDEA?

Program history

How did your training program develop?

Who were the key people involved in developing the program?

Program support

How and from where have resources accessed?

Who has authority over the program?

Program outcomes

What have been the results of this personnel preparation effort?

Barriers

Were there barriers to implementation? If so, how were they overcome?

Appendix B

PRACTICUM
PHILOSOPHY STATEMENTS
(University of Illinois)

A cohesive philosophy of early intervention and personnel preparation undergirds the infancy specialization.

Philosophy Related to Families:

The parent/infant play groups are based on a belief that all parents are resourceful. A goal of the program is to work with parents in providing developmentally appropriate activities for their children, responding to family strengths and building upon the parents' natural interactional styles.

Philosophy Related to Children:

Activities used in the parent/infant play groups will support the resourceful parent philosophy, and will be based on developmentally appropriate, pleasurable parent/infant play, blending individual objectives for child growth into child directed play that is supported and facilitated by the parent.

Philosophy Related to Teaming:

The parent/infant play groups utilize a transdisciplinary approach to intervention. That approach implies that each of the team members involved will retain his or her own disciplinary expertise while benefiting from the knowledge of the other disciplines represented. Thus, group sessions will be characterized by a spirit of collaboration in which team members operate interchangeably in the intervention process but continue to function as resources to one another in relation to their own disciplinary expertise.

Philosophy Related to Student Learning:

Students preparing for careers as early interventionists with infants with handicaps and their families will develop skills and knowledge unique to their own disciplines in relation to this population, as well as skills and knowledge needed by any and all disciplines working with this population. Additionally, students will develop into responsible, self-motivated and self-directed professionals able to meld their own areas of expertise into a total program of services and able and eager to direct their own professional development.

Frank Porter Graham
Child Development Center
CB No. 8040, 300 NCNB Plaza
Chapel Hill, NC 27599

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